

AHS Board and Executive Expense Report

Name Dr. Verna Yiu
Title President & Chief Executive Officer
Location Edmonton

Expenses submitted during the month of September 2016

Travel (1)										
MMM-YY	Source Document	Purpose	Airfare	Meals	Accommodation	Other Travel	Total Travel	Professional Development (2)	Working Sessions Hosting and Hospitality (3)	Other (4)
Sep-16	P-Card	Meetings			308	266	574			
Sep-16	Expense Claim	Meetings				314	314			
Aug-16	Expense Claim	Meetings				86	86			
Jul-16	Expense Claim	Meetings			458	190	648			
Sep-16	Direct Billing	Meetings	907				907			
Total			\$ 907	\$ -	\$ 766	\$ 857	\$ 2,529	\$ -	\$ -	\$ -

Total for the Month \$ 2,529

Maximum daily single meal expense claimed in the month \$ -
 Maximum daily base hotel rate claimed in the month \$ 200
 Non economy air travel in the month \$ -

1) Travel expenses

Includes local and out of province/country travel expenses. Other travel includes items such as taxis, parking mileage, car rental and other expenses related to travel.

2) Professional Development

Includes conference, seminar and course registration fees and material

3) Hosting and Hospitality expenses

Hospitality and Hosting expenses may be incurred to advance AHS' mission, vision and values. For example, may include working lunches with staff and prospective employees meetings with government officials, dignitaries, public interest groups, donors other public or private organizations.

4) Other

Other expenses include expenses incurred in the normal course of business that are required for work purposes. May include small item technology purchases, books, etc.

5) Remuneration, Allowances Reported in the Financial Statements

Car allowance, honoraria, meeting fees, and any other employment benefits reported in the annual financial statements are excluded from this report.



Instruction:

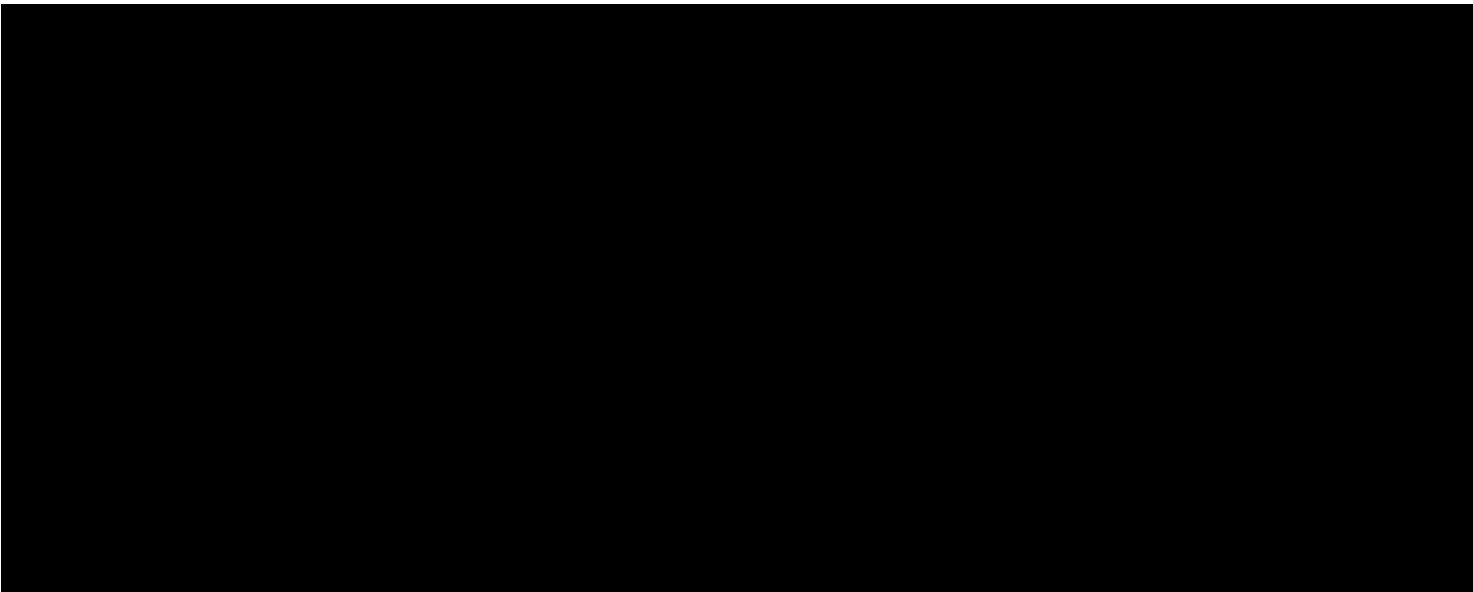
- Attached ALL original detailed receipts and supporting documents in the same order as it appears on this statement
- Cardholder AND Approver's signatures required where indicated below

<u>YIU, VERNA</u> Cardholder's Name	<u>PRESIDENT AND CEO</u> Cardholder's Position/Title	Billing Reporting Period:	<u>20/09/2016</u>
<u>OFFICE OF THE PRESIDENT AND</u> Cardholder's Dept	<u>SEVENTH STREET PLAZA</u> Cardholder's Site/Location	Total Statement Amount:	<u>\$573.90</u>
<u>VERNA.YIU@AHS.CA</u> Cardholder's e-mail address		Last 6 digits of the P-Card #:	<u>[REDACTED]</u>

Statement of Transactions								
Transaction Date	Trans ID	Merchant Name & Description	Trans Original Amount	Currency	Trans Amount	GST	Freight	Description
06/09/2016	[REDACTED]	ASSOCIATED CAB/ALLIED, LIMOUSINES AND TAXICABS	60.00	CAD	60.00	2.86		Taxi: Calgary International Airport to Southport Tower: Attended Exec Leaders meeting
06/09/2016	[REDACTED]	CHECKER CABS LTD., LIMOUSINES AND TAXICABS	54.20	CAD	54.20	2.56		Taxi: Southport Tower to Calgary International Airport: Attended Exec Leaders meeting
06/09/2016	[REDACTED]	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19	.00	Short Term Parking: EIA - Attended Exec Leaders meeting in Calgary
10/09/2016	[REDACTED]	KENSINGTON RIVERSIDE I, LODGING HOTELS, MOTELS, RESORTS	307.83	CAD	307.83	.00	.00	Accommodation: Attended/Speaker - Libin Cardiovascular Institute Gala in Calgary
10/09/2016	[REDACTED]	SHELL, FUEL DISPENSER, AUTOMATED	26.61	CAD	26.61	.00		Fuel for fleet vehicle: attended/speaker - Libin Cardiovascular Institute Gala in Calgary
11/09/2016	[REDACTED]	SHELL, FUEL DISPENSER, AUTOMATED	50.26	CAD	50.26	.00		Fuel for fleet vehicle: attended/speaker - Libin Cardiovascular Institute Gala in Calgary
14/09/2016	[REDACTED]	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19	.00	Short Term Parking: EIA - attended/MC for an announcement in Airdrie
16/09/2016	[REDACTED]	EDMONTON INTERNATIONAL, AUTOMOBILE PARKING LOTS AND GARAGES	25.00	CAD	25.00	1.19	.00	Short Term Parking: EIA - attended meetings with City of Calgary; Tour of Quarry Park EMS in Calgary

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⑦
⑧

#4 - Reimburse AHS - \$62.43 - accom. overage
Personal cheque attached ✓





Signatures

Cardholder Designate (if Applicable)

By signing this statement

- I hereby certify that I have reviewed and reconciled this statement in BMO Online to the best of my ability in accordance to AHS Corporate Policies, Program User Guide and Training. I have allocated the transaction(s) to the proper cost centre.

Audrey Maione

Name of Cardholder Designate

Audrey Maione

Signature of Cardholder Designate

Exec Admin Coord.

Cardholder Designate Position/Title

Sept 21/16

Date of Signature

Cardholder

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by me or on my behalf from Alberta Health Services or any other Organization. A personal cheque for any personal expenses inadvertently charged is attached.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

YIU, VERNA

Name of Cardholder

Verna

Signature of Cardholder

PRESIDENT AND CEO

Cardholder Position/Title

Sept 22/16

Date of Signature

Approver Designate (if Applicable)

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Deborah Rhodes

Name of Approver Designate

Deborah Rhodes

Signature of Approver Designate

VP Corp. Services & CFO

Approver Designate Position/Title

September 23/16

Date of Signature

VPB

Approver

By signing this statement

- I attest that I have read and understand the "Travel, Hospitality and Working Session Expense Policy (1122)" of Alberta Health Services and confirm expenses being claimed are in compliance with such policy.
- I attest the expenses enclosed in this claim are for valid business purposes for Alberta Health Services and that this claim has not been previously claimed by the claimant or on their behalf from Alberta Health Services or any other Organization. A personal cheque for personal expenses inadvertently charged has been obtained.
- I attest that expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided.

Linda Hughes

Name of Approver

Linda Hughes

Signature of Approver

Board Chair

Approver Position/Title

Sept 27/16

Date of Signature

Submit approved statement with attachments to Accounts Payable:

Attach:

- Original (or scanned) itemized receipts with documented business reasons including names of participants where required
- Signed Cardholder Statement Report (or copies of electronic signatures if signatures are not on report) And where applicable:
 - Copies of pre-approvals for travel
 - Personal cheque payable to "Alberta Health Services"
 - Return, refund and/or credit receipts
 - Disputes letter
 - Business reasons for travel require detailed descriptions – include where travelled to, who attended (if meal), why travel was necessary and detailed explanation of reason.

Address:

Alberta Health Services
Accounts Payable
7th Street Plaza
10th Floor, North Tower, 10030-107 Street
Edmonton, AB T5J 3E4

Accounts Payable only:

Reference #: _____

Reviewed by: _____

Date: _____

①

ASSOCIATED CAB
ALLIED LIMOUSIN
307-41 AVENUE NE
CALGARY AB T2E 2N4
(403) 299-1111

SALE

MID: [REDACTED]
TID: [REDACTED] REF#: [REDACTED]
Batch #: [REDACTED] SEQ: [REDACTED] 08:49:04
09/06/16
APPR CODE: [REDACTED]
MASTERCARD
[REDACTED] ***

AMOUNT \$60.00 ✓

00 - APPROVED - 001

MasterCard
AID: [REDACTED]
TVR: [REDACTED]
TSE: [REDACTED]

THANK YOU
CUSTOMER COPY

*Taxi: Calgary Airport
to Southport Tower:
Attended Exec
Leaders Mtg in
Calgary*

②

316 MERIDIAN ROAD SE
CALGARY, AB T2A 1X2

TERMINAL ID: 314-635 856
MERCHANT ID: 4377-11P
VEHICLE ID: 0213
DRIVER ID: 7527
GST ACCOUNT #: 893261298
TRIP NUMBER: 0535775

09/06/16
START: 15:01 END: 15:27
FARE: 296.00 RATE: 1

FARE AMOUNT: \$ 95.90

TAX AMOUNT: \$ 2.30
TIP AMOUNT: \$ 6.00

TOTAL: \$ 104.20 ✓

MASTER CARD SALE: [REDACTED]
APPROVAL NUMBER: [REDACTED]

PASSENGER COPY

THANK YOU
CALL 403-299-1999
WWW.CHECKERGROUP.COM



*Taxi: Southport Tower to
Calgary International
airport: Attended Exec
Leaders Mtg in Calgary*

③

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%
POF 1st F1 06/09/16 17:51
Receipt [REDACTED]

Short-term parking tkt
HL - No. [REDACTED]
06/09/16 06:04
06/09/16 17:51
Period 1d0h0'
(Tax) \$25.00

Total \$25.00

Payment Received
MC [REDACTED] \$25.00

Merch: 82005340013
Auth: [REDACTED]
Type: Swiped

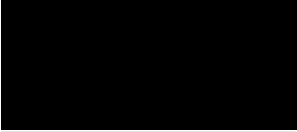
Sub Total \$23.81
Tax 5% \$1.19

*Short term parking:
EIA - Attended
Exec Leaders Mtg
in Calgary* ✓



(4) Attended / Speaker:
Libin Cardiovascular
Institute Gala in Calgary

Dr. Verna Yiu



Room Number : [Redacted]
Arrival Date : 10-09-16
Departure Date : 11-09-16
Page : 1 of 1
Folio Number :
Confirmation : [Redacted]
Cashier :

INFORMATION INVOICE

Company Name :
Group :
A/R Number :

GST No. : 894582667RT0001 11-09-16

Date	Description	Charges	Credits
10-09-16	Kensington Riverside Inn	255.20	200.00
10-09-16	Service & Marketing Fee	12.76	10.00
10-09-16	Alberta Tourism Levy	10.72	8.00
10-09-16	Nightly Parking	15.00 ✓	
10-09-16	GST	14.15	11.65
11-09-16	Mastercard [Redacted]		307.83

Total 307.83 307.83 ✓

Room GST	14.15	Balance	0.00 CAD
F&B GST	0.00		
Other GST	0.00		
Total GST	14.15		

Claiming \$200.00 base rate
as per AHS policy = \$229.65

Parking : \$15.00

Personal cheque to AHS = \$62.43 reimbursement
for accommodation overage

I agree that I am personally liable for the final disposition and payment of any services rendered or goods supplied by The Kensington Riverside Inn and further authorize the use of my credit card to facilitate full payment. I accept responsibility in the event the indicated third-party, company or association fails to render full payment of this account, and also for any loss or damage to the premises or its contents.

Guest Signature: _____

5

WELLSVILLE

Shell Canada
5610 111 STREET
T6H 3E9
EDMONTON AB
(780) 422-0775

MASTERCARD
PURCHASE C

INV No. [REDACTED]
2016/09/10 13:10
MasterCard
AID [REDACTED]
TVR [REDACTED]
TSI [REDACTED]
AIR MILES [REDACTED]

Term: [REDACTED]
Addr: [REDACTED]

Reference: [REDACTED]

AIR MILES earned: 1

* Get Refuel Rewards
- up to 25 Bonus
Miles each month
for fuelling up at
Shell! Visit
roadtorewards.ca
for details.

*

Bronze
PUMP No. 06
LITRES 31.530
PRICE/L \$0.844
TOTAL FUEL \$26.61
01 APPROVED - THANK
YOU 001
APPROVAL No. [REDACTED]
TERMINAL No. [REDACTED]
89017820
VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$1.27
No. 137400032RT

TOTAL SALE \$26.61 ✓

STORE: C01782
TRAN: [REDACTED]
2016/09/10 13:12:11

6

Shell Canada
37430 HWY 2 SOUTH
T4E 1B2
RED DEER AB
(403) 346-0230

MASTERCARD
PURCHASE C

INV No. [REDACTED]
2016/09/11 11:31
MasterCard
AID [REDACTED]
TVR [REDACTED]
TSI [REDACTED]
AIR MILES [REDACTED]

Term: [REDACTED]
Addr: [REDACTED]

Reference: [REDACTED]

AIR MILES earned: 1

* Get Refuel Rewards
- up to 25 Bonus
Miles each month
for fuelling up at
Shell! Visit
roadtorewards.ca
for details.

*

Silver B
PUMP No. 17
LITRES 46.580
PRICE/L \$1.079
TOTAL FUEL \$50.26
01 APPROVED - THANK
YOU 001
APPROVAL No. [REDACTED]
TERMINAL No. [REDACTED]
89003670
VERIFIED BY PIN

IMPORTANT
retain this copy for
your records

FUEL INCLUDES
GST - Fuel \$2.39
No. 137400032RT

TOTAL SALE \$50.26 ✓

STORE: C00367
TRAN: [REDACTED]
2016/09/11 11:34:15

YOUR OPINION COUNTS

Fuel: Fleet vehicle
Attended/Speaker -
Lebin Cardiovascular
Institute Gala in
Calgary

Fuel for fleet vehicle
Attended/Speaker -
Lebin Cardiovascular
Institute Gala in
Calgary

7

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

P2 South C 14/09/16 13:17
Receipt

Short-term parking tkt
HL - No. [redacted]
14/09/16 06:46
14/09/16 13:17
Period 1d0h0'
(Tax) \$25.00
Total \$25.00

Payment Received
MC [redacted] \$25.00

Merch: 82005340013
Auth: [redacted]
Type: Swiped

Sub Total \$23.81
Tax 5% \$1.19

6E2A0033 - 1/1

Short term Parking: EIA
Attended an announcement
in Airdrie

✓

8

GST# R128599776

Edmonton Airports

Can-T5J 2T2 Edmonton
Tax Code CA5%

P2 South C 16/09/16 16:55
Receipt

Short-term parking tkt
HL - No. [redacted]
16/09/16 06:21
16/09/16 16:55
Period 1d0h0'
(Tax) \$25.00
Total \$25.00

Payment Received
MC [redacted] \$25.00

Merch: 82005340013
Auth: [redacted]
Type: Swiped

Sub Total \$23.81
Tax 5% \$1.19

6F4598A7 - 1/1

Short term Parking: EIA
Attended meetings with City
of Calgary; Tour of Quarry Park EMS
in Calgary

✓

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
YIU, VERNA	President & CEO	Edmonton	\$ 314.11

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
9/14/2016	Travel to Calgary: Attend an announcement in Airdrie		Mileage-Local-Home Zone	\$ 29.29			Travel to Calgary: Attend an announcement in Airdrie	1			58
9/16/2016	Travel to Calgary: Tour of Quarry Park; meeting with City of Calgary		Mileage-Local-Home Zone	\$ 29.29			Travel to Calgary: Tour of Quarry Park; meeting with City of Calgary	1			58
9/24/2016	Attend/Presenter: Alberta Medical Association Fall Rep Forum Meeting		Mileage-Other	\$ 105.04			Attend/Presenter: Alberta Medical Association Fall Rep Forum Meeting	1			208
9/30/2016	Attended Board meetings in Calgary Sept 28-30		Mileage-Other	\$ 150.49			Attended Board meetings in Calgary Sept 28-30	1			298

Approver(s) for the claim	Approval Status	Approval Date
RHODES, DEBORAH	Approve	12-Oct-16

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total
YIU, VERNA	President & CEO	Edmonton	\$ 85.85

Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance
6/13/2016	Travel to Edmonton International Airport (return):		Mileage-Local-Home Zone	\$ 28.28			Travel to Edmonton International Airport (return): Flight to Calgary to meet with Mayor, City Hall	1			56
6/20/2016	Travel to Executive Royal Hotel, Leduc (return):		Mileage-Local-Home Zone	\$ 29.29			Travel to Executive Royal Hotel, Leduc (return): Senior Leaders all day meeting	1			58
6/24/2016	Travel to Edmonton International Airport (return): Flight to Ft McMurray		Mileage-Local-Home Zone	\$ 28.28			Travel to Edmonton International Airport (return): Flight to Ft McMurray - tour, luncheon and grand re opening of Northern Lights Regional Health Center	1			56

Approver(s) for the claim	Approval Status	Approval Date
RHODES, DEBORAH	Approve	21-Jul-16

AHS Public Disclosure Expense Claims

Claimant Name	Claimant Title	Claimant Location	Expense Claim Total									
YIU, VERNA	President & CEO	Edmonton	\$ 648.29									
Expense Date	Business reason	Expense Location	Expense Type	Amount	From Location	To Location	Justification	# of days	# of Attendees	Attendee Name(s)	Trip Distance	
7/11/2016	Attend several Stampede Breakfast events on July 12/16		Accommodation	\$ 228.90			Attend several Stampede Breakfast events on July 12/16					
7/28/2016	Attend Board Site tours and other Board meetings on July 28/29 in Calgary		Accommodation	\$ 228.90			Attend Board Site tours and other Board meetings on July 28/29 in Calgary					
7/28/2016	Attend Board site tours and Board meetings on July 28/29 in Calgary		Parking	\$ 15.75			Attend Board site tours and Board meetings on July 28/29 in Calgary					
7/14/2016	Travel to from Canmore to Calgary and return: attend several Stampede breakfast events in Calgary		Mileage-Local-Home Zone	\$ 113.12			Travel to from Canmore to Calgary and return: attend several Stampede breakfast events in Calgary				224	
7/8/2016	Attend Calgary ZMAC and other meetings in Calgary (return)		Mileage-Local-Home Zone	\$ 30.81			Attend Calgary ZMAC and other meetings in Calgary (return)				61	
7/28/2016	Travel to Calgary (return): attend Board site tours and Board meetings on July 28/29		Mileage-Local-Home Zone	\$ 30.81			Travel to Calgary (return): attend Board site tours and Board meetings on July 28/29				61	
Approver(s) for the claim		Approval Status		Approval Date								
RHODES, DEBORAH		Approve		15-Aug-16								



KENSINGTON

Dr. Verna Yiu



Room Number : [REDACTED]
 Arrival Date : 11-07-16
 Departure Date : 12-07-16
 Page : 1 of 1
 Folio Number : [REDACTED]
 Confirmation : [REDACTED]
 Cashier : [REDACTED]

INFORMATION INVOICE

Company Name : Alberta Health Services
 Group :
 A/R Number :

GST No. : 894582667RT0001 12-07-16

Date	Description	Charges	Credits
11-07-16	Kensington Riverside Inn	269.00	\$200
11-07-16	Service & Marketing Fee 5%	13.45	10.00
11-07-16	Alberta Tourism Levy	11.30	8.00
11-07-16	GST	14.12	10.90
12-07-16	Visa [REDACTED]		307.87

Total 307.87 ~~307.87~~

Room GST	14.12	Balance	0.00	CAD \$ <u>228.90</u>
F&B GST	0.00			
Other GST	0.00			
Total GST	14.12			

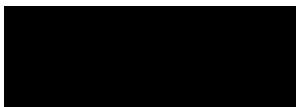
*AHS policy = \$200/day base rate
\$228.90*

I agree that I am personally liable for the final disposition and payment of any services rendered or goods supplied by The Kensington Riverside Inn and further authorize the use of my credit card to facilitate full payment. I accept responsibility in the event the indicated third-party, company or association fails to render full payment of this account, and also for any loss or damage to the premises or its contents.

Guest Signature: _____



Dr. Verna Yiu



Room Number : [Redacted]
 Arrival Date : 28-07-16
 Departure Date : 29-07-16
 Page : 1 of 1
 Folio Number : [Redacted]
 Confirmation : [Redacted]
 Cashier : [Redacted]

INFORMATION INVOICE

Company Name :
 Group :
 A/R Number :

GST No. : 894582667RT0001 29-07-16

Date	Description	Charges	Credits
28-07-16	Kensington Riverside Inn	207.20	200.00
28-07-16	Service & Marketing Fee	10.36	10.00
28-07-16	Alberta Tourism Levy	8.70	8.00
28-07-16	Nightly Parking	15.00	
28-07-16	GST	11.63	
29-07-16	Visa		252.89

Total 252.89 **252.89**

Room GST 11.63
 F&B GST 0.00
 Other GST 0.00
 Total GST 11.63

Balance 0.00 CAD

*Parking: \$15.75
 Accom: \$228.90*

** AHS Policy = \$200/day base rate*

I agree that I am personally liable for the final disposition and payment of any services rendered or goods supplied by The Kensington Riverside Inn and further authorize the use of my credit card to facilitate full payment. I accept responsibility in the event the indicated third-party, company or association fails to render full payment of this account, and also for any loss or damage to the premises or its contents.

Guest Signature: _____

Expense Report Direct Bill Summary

Purpose of This Form:

The purpose of this form is to report expenses incurred on behalf of a designated Executive or an AHS Board Member and paid for by a third party vendor. The information will be used for public disclosure reporting.

Expenses Paid Directly to Third Party Vendors:

AHS may have established accounts with certain vendors used to book travel and other expenses that are billed directly to AHS.

Examples include but are not limited to hotels, travel agencies, car rental agencies, conferences, courses and expenses reimbursed from a petty cash fund. It is mandatory to include in monthly reports these expenses that pertain to each member. AHS is required to disclose expenses for all applicable receipts and back up must be attached.

Direct Bill Report

- Enter all items related to expenses incurred while conducting AHS business and paid for via a third party vendor (i.e. accommodations, airline tickets, car rentals, hosting events and working sessions)
- Enter all expenses pertaining to professional development such as conferences and courses, etc.
- Enter all expenses paid by AHS not mentioned above.
- Copies of invoices and other relevant back up must be attached, approvals for hosting events/working sessions that exceeds \$600 must be provided.
- Information will be used for reporting purposes only.
- A personal cheque must be attached to cover expenses deemed ineligible.
- Indicate whether you have expenses to report in this section for this reporting period: **YES**

Name : Dr. Verna Yiu	Reporting Period for the Month of : Sep-16
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DD-MMM-YYYY	Payment Method	Category	Description/Purpose of the Expense	Name of Vendor	Amount Paid
13-Sep-2016	Direct Billing	Airline Ticket	Airfare: Flight Edmonton to Calgary (return) on Sept 1 - tour of Quarry Park and meeting with City of Calgary	Marlin Travel	400.11
14-Sep-2016	Direct Billing	Airline Ticket	Airfare cancellation Fee: Calgary to Edmonton on Sept 30 - attend Board meetings	Marlin Travel	75.00
29-Sep-2016	Direct Billing	Airline Ticket	Airfare: Edmonton to Calgary (return) on October 5 - attend/speaker - the Rockyview General Hospital 50th Anniversary celebration on Oct 5	Marlin Travel	431.96
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
	Direct Billing	Choose from Drop-down List		Marlin Travel	-
Total Paid in the Month					\$ 907.07



Trip Statement

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 13 Sep 16
Client: [REDACTED]
Agent: CASANDRA WAGNER

File Locator: [REDACTED]

INSURANCE

PASSENGERS: DR VERNA YIU

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
BSP CANADA, I.A.T.A., Confirmation # [REDACTED]	325.15	0.00	\$0.00	74.96	0.00	400.11 CAD
Total:	325.15	0.00	0.00	74.96	0.00	400.11 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/12/2016	[REDACTED]	[REDACTED]	400.11 CAD
Total Payment:					400.11 CAD

Balance Due CAD Currency 0.00 CAD

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL

***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****

PLEASE REVIEW YOUR ITINERARY FOR ACCURACY

PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----

---AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 13 Sep 16
Client: [REDACTED]
Agent: CASANDRA WAGNER

File Locator: [REDACTED]

MY ITINERARY

Passengers **Citizenship** **Required Travel Documents**
VERNA YIU Not Specified Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: VERNA YIU

Booking Date: 13 Sep 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08133	EDMONTON INTL		CALGARY INTL	V		
		16 Sep 16 7:10AM		16 Sep 16 8:05AM			
AIR CANADA	08152	CALGARY INTL		EDMONTON INTL	Q		
		16 Sep 16 4:45PM		16 Sep 16 5:39PM			



Trip Statement

ALBERTA HEALTH SERVICES
 "SUITE 800, NORTH TOWER"
 10030-107 ST
 EDMONTON, AB T5J 3E4
 CANADA

Trip #: [REDACTED]
 Booking Date: 14 Sep 16
 Client: [REDACTED]
 Agent: MEA MOORE

File Locator: [REDACTED]

INSURANCE

PASSENGERS: DR VERNA YIU

REFERENCE/ DESCRIPTION	FARE	HST/GST	PST	OTHER TAXES	PENALTY	TOTAL
AIR CANADA Ticket # [REDACTED]	75.00	0.00	\$0.00	0.00	0.00	75.00 CAD
Total:	75.00	0.00	0.00	0.00	0.00	75.00 CAD

PAYMENTS	Invoice #	Payment Date	Card Holder	Form of Payment	Amount
	[REDACTED]	09/14/2016		[REDACTED]	75.00 CAD
Total Payment:					75.00 CAD

Balance Due CAD Currency 0.00 CAD

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
 ***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 *****
 *****PLEASE REVIEW YOUR ITINERARY FOR ACCURACY*****
 PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY
 ***** FOR AIR TRAVEL TO A FOREIGN COUNTRY PASSENGERS MUST ENSURE THAT THEY HAVE ALL NECESSARY TRAVEL DOCUMENTS SUCH AS A PASSPORT OR VISA AS DIRECTED BY EMBASSIES AND CONSULATES. ALL PASSENGERS ARE ADVISED TO VIEW
[HTTP://WWW.AIRCANADA.COM/EN/TRAVELINFO/BEFORE/TRAVELDOC.HTML](http://www.aircanada.com/en/travelinfo/before/travel.doc.html) FOR IMPORTANT INFORMATION ON IDENTIFICATION REQUIRED FOR TRAVEL. *****
 *****PLEASE NOTE CHECKIN TIMES*****
 *****DOMESTIC FLIGHTS--CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR -----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS.

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 14 Sep 16
Client: [REDACTED]
Agent: MEA MOORE

File Locator: [REDACTED]

MY ITINERARY

Passengers: Verna Yiu Citizenship: Not Specified Required Travel Documents: Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada

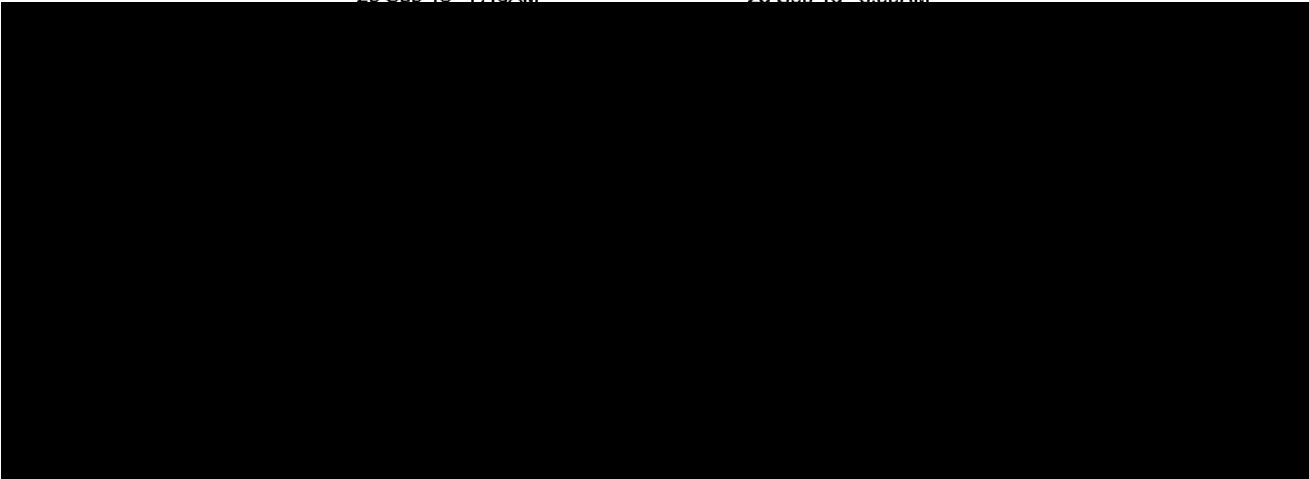


AIR

Passengers: Verna Yiu

Booking Date: 11 Aug 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08133	EDMONTON INTL		CALGARY INTL	G		
		28 Sep 16 7:10AM		28 Sep 16 8:05AM			



AIR

Passengers: Verna Yiu

Booking Date: 11 Aug 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08150	CALGARY INTL		EDMONTON INTL	H		
		30 Sep 16 3:25PM		30 Sep 16 4:15PM			



Trip Statement

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [redacted]
Booking Date: 29 Sep 16
Client: [redacted]
Client Phone #: [redacted]
Client Email: [redacted]
Agent: TRINA MACAULEY

File Locator: [redacted]

INSURANCE

PASSENGERS: DR VERNA YIU

Table with columns: REFERENCE/ DESCRIPTION, FARE, HST/GST, PST, OTHER TAXES, PENALTY, TOTAL. Row 1: AIR CANADA Ticket # [redacted], 357.00, 0.00, \$0.00, 74.96, 0.00, 431.96 CAD. Row 2: Total: 357.00, 0.00, 0.00, 74.96, 0.00, 431.96 CAD.

Table with columns: PAYMENTS, Invoice #, Payment Date, Card Holder, Form of Payment, Amount. Row 1: [redacted], 09/29/2016, [redacted], [redacted], 431.96 CAD. Row 2: Total Payment: 431.96 CAD.

Balance Due CAD Currency 0.00 CAD

AIR FLIGHT ACCIDENT INSURANCE IS PROVIDED AT NO COST TO OUR CLIENTS FOR THE PRINCIPAL SUM \$100000 UNDER GROUP POLICY GTRMM 11506 UNDERWRITTEN BY MANULIFE FINANCIAL
***** AFTER HOURS EMERGENCY HELP DESK WITHIN CANADA OR UNITED STATES CALL ...1 888 342 3292 OUTSIDE OF TOLL FREE AREA CALL COLLECT...303 801 2147 PLEASE QUOTE ACCESS CODE 2EC0 ***** **PLEASE REVIEW YOUR ITINERARY FOR ACCURACY**
PLEASE INFORM US WITHIN ONE BUSINESS DAY SHOULD YOU FIND ANY DISCREPANCIES. DEPENDING ON THE NATURE OF THE DISCREPANCY COSTS ASSOCIATED WITH MAKING CORRECTIONS MAY BE YOUR RESPONSIBILITY -----
-----AIR CANADA RULES----- TICKET IS NON REFUNDABLE CHANGES PERMITTED UP TO 2 HOURS PRIOR TO FLIGHT TIME CHANGE FEES PLUS ANY FARE INCREASE WILL APPLY 24HOURS IN ADVANCE GO TO WWW.AIRCANADA.COM TO CHECK IN AND PRINT YOUR BOARDING PASS. -----
*****PLEASE NOTE CHECKIN TIMES***** **DOMESTIC FLIGHTS-
-CHECKIN 90 MINUTES PRIOR **DOMESTIC COUNTER WILL CLOSE 45 MINUTES PRIOR

Received credit for trip - Dr. Yiu no longer available to attend in person
Please see attached credit e-mail.
A.

ALBERTA HEALTH SERVICES
"SUITE 800, NORTH TOWER"
10030-107 ST
EDMONTON, AB T5J 3E4
CANADA

Trip #: [REDACTED]
Booking Date: 29 Sep 16
Client: [REDACTED]
Client Phone #: [REDACTED]
Client Email: [REDACTED]
Agent: TRINA MACAULEY

File Locator: [REDACTED]

MY ITINERARY

Passengers: Verna YIU Citizenship: Not Specified Required Travel Documents: Not Specified

All passengers need to ensure that correct documentation requirements are met for entry to the applicable destinations as well as for their return to Canada



AIR

Passengers: Verna YIU

Booking Date: 29 Sep 16
File Locator/Ticket #: [REDACTED]

Airline	Flight	From	Terminal	To	Class	Seat	Stops
AIR CANADA	08137	EDMONTON INTL 05 Oct 16 9:30AM		CALGARY INTL 05 Oct 16 10:22AM	V		
AIR CANADA	08152	CALGARY INTL 05 Oct 16 4:45PM		EDMONTON INTL 05 Oct 16 5:39PM	H		